



Little River Band of Ottawa Indians  
Housing Authority  
Mailing Address: 375 River Street  
Office Location: 1762 US 31 South  
Manistee MI 49660

## Rental Unit Application

Please Read Carefully and answer all Questions Completely

The Little River Band of Ottawa Indians Housing Authority has units in Manistee, Michigan. There is a waiting list for all of our housing sites. Timeliness of selection depends on the availability of housing units. Unfortunately, we are unable to offer emergency housing.

We require that you update your application every three (3) months. If there are changes in address, income or family composition it needs to be reported immediately. The application will be filed inactive and removed from the waiting list if it is not updated.

The application must be complete before it will be considered for selection. All questions must be answered.

Items that you will need to complete your application:

- Social Security Cards for all household members
- Updated Tribal cards for all Tribal Members
- Drivers licenses for each family member eighteen years of age or older.
- Income Verification: (Wages, FIP, Social Security, Child Support, G.A., etc.)
- Two landlord references from your most recent landlords. If you have rented from a federally subsidized program, a reference from them must be provided.
- If you have never rented or can only supply one landlord reference, three personal references from professionals such as Social Workers, Case Workers, Teachers, Counselors, etc. must be submitted.
- Personal references will NOT be accepted if you have rented in the past.

When a home is available, the Housing Executive Director reviews the completed applications for that site and bedroom size. Tenant selection is based on the following criteria.

- The need for housing
- Tribal Membership of head of household or minor children
- Documented Native American Heritage
- Satisfactory Criminal Records check
- Acceptable Landlord References
- All situations being equal, the date of application will be used as a deciding factor

If you have any questions or need assistance completing the application you may contact the Housing Department at (231) 723-8288. Please return your application along with supporting documentation to the address above.

# Rental Application

Please print clearly

Received by \_\_\_\_\_

Date \_\_\_\_\_

Applicant #1 Name	
Current Address	
City, State, Zip Code	
Place of Employment	
Co Applicant Name	
Current Address	
City, State, Zip Code	
Home Phone Number	Work Phone Number
Place of Employment	

Household composition: List the Head of Household and all other members who will reside in the home.

Name	Relationship	Date of Birth	Sex	Social Security Number	LRB Tribal Membership Number

Will all household members reside in the home year round? \_\_\_\_\_

Do you anticipate any changes in the household within the next year? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Why are you looking for housing with the Little River Band of Ottawa Indians Housing Authority?

How many people live in your home now? \_\_\_\_\_

How many bedrooms do you have? \_\_\_\_\_

Are you being evicted? \_\_\_\_\_ If yes, please explain in detail.

If "yes" you must provide a copy of the eviction notice.

What is your current monthly rent amount? \_\_\_\_\_

Are you now or have you ever lived in government-subsidized housing? (i.e., Section 8, Section 236, Section 221 9d) (3), Farmers Home Administration subsidized housing)  
If yes, when and where

Have you ever committed fraud in any federally subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain. \_\_\_\_\_

What is your current housing condition? Please explain in detail.

Are you currently homeless or living in substandard housing? If yes, please explain:

Have you been (or are you about to be) displaced from your housing? If yes, please explain the reason:

---

---

---

Please list your previous addresses for the past five (5) years starting with the most current:

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
4. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List Names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you own a car? \_\_\_\_\_

1.) Make: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_

2.) Make: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from this source during the next twelve (12) months.

Members Name	Source of Income and Type	Monthly Amount

Has any household member ever been convicted of any crime other than traffic violations? \_\_\_\_\_

a. If yes, who? \_\_\_\_\_

b. When? \_\_\_\_\_

c. Where? \_\_\_\_\_

What was the conviction?

---

---

Do you or any household member have any current legal proceedings pending? If yes, Please explain:

---

---

---

---

Has any household member ever used any name(s) for Social Security number other than the one currently being used? If yes, who and what name?  
(this would include maiden name or a name from a previous marriage)

---

---

Please Answer "yes" or "no" to each of the following questions. For each "yes" answer, please provide details.

	Applicant	Other	Name(s)
Is any member of your household employed full time, part time or seasonally?	_____	_____	_____
Does any member of your household expect to work for any period during the next twelve months?	_____	_____	_____
Does any member of your household work for someone who pays them cash?	_____	_____	_____
Is any member of your household on leave of absence from work due to lay off, medical, or military leave?	_____	_____	_____
Does any member of your household now receive, or expect to receive unemployment benefits?	_____	_____	_____
Does any member of your household now receive or expect to receive child support?	_____	_____	_____
Does any member of your household now receive, or expect to receive welfare assistance?	_____	_____	_____
Does any member of your household now receive, or expect to receive Social Security Benefits	_____	_____	_____
Does any member of your household now receive, or expect to receive income from a pension or annuity?	_____	_____	_____
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____	_____
Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?	_____	_____	_____

If you have additional information that you would like to add to your application, please use an additional sheet.

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for Tribal Housing may be contingent upon the Housing Authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained from the Housing Authority and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

### **APPLICANT CERTIFICATION**

#### **GIVING TRUE AND COMPLETE INFORMATION**

I certify that all information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

#### **REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION**

I know that I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the home.

#### **REPORTING ON PRIOR HOUSING ASSISTANCE**

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

#### **NO DUPLICATE RESIDENCE OR ASSISTANCE**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicated Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing immediately in writing. I will not sublease my assisted residence.

#### **COOPERATION**

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays or termination of assistance and or eviction.

#### **CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Housing Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Date \_\_\_\_\_